DIVINE SAVIOR HEALTHCARE

715 W PLEASANT ST

PORTAGE 53901 Phone: (608) 745-5900)	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	110	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	110	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	90	Average Daily Census:	92

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/04)	Length of Stay (12/31/04)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	*	Age Groups	%	 Less Than 1 Year 1 - 4 Years	28.9 48.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3	1 - 4 lears More Than 4 Years	22.2
Day Services	No	Mental Illness (Org./Psy)	12.2	65 - 74	11.1		
Respite Care	No	Mental Illness (Other)	16.7	75 - 84	30.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.9	*******	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	16.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.3			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	11.1		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	10.0	65 & Over	96.7		
Transportation	No	Cerebrovascular	14.4			RNs	9.4
Referral Service	No	Diabetes	20.0	Gender	왕	LPNs	10.2
Other Services	No	Respiratory	7.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	3.3	Male	33.3	Aides, & Orderlies	43.8
Mentally Ill	No			Female	66.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	8	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	322	64	100.0	119	0	0.0	0	13	86.7	181	0	0.0	0	0	0.0	0	88	97.8
Intermediate				0	0.0	0	0	0.0	0	2	13.3	181	0	0.0	0	0	0.0	0	2	2.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		64	100.0		0	0.0		15	100.0		0	0.0		0	0.0		90	100.0

************************************ Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04 ______ Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of % Assistance of % Totally Number of 4.7 Daily Living (ADL) Independent One Or Two Staff Private Home/No Home Health Dependent Residents Private Home/With Home Health Bathing 78.9 17.8 90 0.0 3.3 5.6 Other Nursing Homes 1.8 Dressing 75.6 18.9 91.7 2.2 65.6 32.2 90 Acute Care Hospitals Transferring Psych. Hosp.-MR/DD Facilities 1.2 Toilet Use 2.2 66.7 31.1 90 Rehabilitation Hospitals 0.0 Eating 31.1 50.0 18.9 90 0.6 Other Locations Total Number of Admissions 169 Continence Special Treatments 2 Percent Discharges To: Indwelling Or External Catheter Receiving Respiratory Care 6.7 8.9 Private Home/No Home Health 46.9 Occ/Freg. Incontinent of Bladder 50.0 Receiving Tracheostomy Care 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel Receiving Suctioning 40.0 0.0 Other Nursing Homes 1.7 Receiving Ostomy Care 2.2 22.3 | Mobility Acute Care Hospitals Receiving Tube Feeding 0.0 Psych. Hosp.-MR/DD Facilities 0.6 | Physically Restrained 0.0 Receiving Mechanically Altered Diets 44.4 Rehabilitation Hospitals 0.0 Skin Care Other Locations 5.1 l Other Resident Characteristics Deaths 23.4 | With Pressure Sores 6.7 Have Advance Directives 100.0 With Rashes Medications Total Number of Discharges 4.4 (Including Deaths) 175 İ Receiving Psychoactive Drugs 26.7

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Other Hospital-			I	11
	Facility	Based Fa	acilities	Faci	lties
	8	%	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.6	91.7	0.91	88.8	0.94
Current Residents from In-County	70.0	85.3	0.82	77.4	0.90
Admissions from In-County, Still Residing	9.5	14.1	0.67	19.4	0.49
Admissions/Average Daily Census	183.7	213.7	0.86	146.5	1.25
Discharges/Average Daily Census	190.2	214.9	0.89	148.0	1.29
Discharges To Private Residence/Average Daily Census	89.1	119.8	0.74	66.9	1.33
Residents Receiving Skilled Care	97.8	96.2	1.02	89.9	1.09
Residents Aged 65 and Older	96.7	90.7	1.07	87.9	1.10
Title 19 (Medicaid) Funded Residents	71.1	66.8	1.06	66.1	1.08
Private Pay Funded Residents	16.7	22.6	0.74	20.6	0.81
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	28.9	32.7	0.88	33.6	0.86
General Medical Service Residents	3.3	22.0	0.15	21.1	0.16
Impaired ADL (Mean)*	57.8	49.1	1.18	49.4	1.17
Psychological Problems	26.7	53.5	0.50	57.7	0.46
Nursing Care Required (Mean)*	8.3	7.4	1.13	7.4	1.12